FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076 Est. time per response: 1 hour

COMMON CARRIER ANNUAL EMPLOYMENT REPORT

·					[Please read i	nstructions be	fore complet	ing and for No	tice regarding	public burde	n.]					
SECTION 1 - General Informat																
1. Name and Mailing Address of Respondent Beehive Telephone Company 2000 E. Sunset Road													Check here if this is a change of address.			
Lake Point, Ut. 84074																
				Period (End	ling Date of P	ay		Number of Full-Time Employees during Selected Page 1 (Abadi angle) Page 2 (Abadi angle) Page 2 (Abadi angle)								
2019 01/11					port)			Reporting Period (check one): a. Fewer than 16 (complete Sections I, IV, and V only) b. 16 or more (complete all sections)								
SECTION II - Full-Time Employ	yees									United to the state of the stat						
		Number of Employees (Report employees in only one category)														
Job Categories		Race/Ethnicity														
			anic or	Not-Hispanic or Latino												
		Latino		Male								Fer		Columns A - N		
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	
		Α	В	С	D	E	F	G	Н	Ų	J	к	L	М	N	0
Executive/Senior Level Officials and Managers	1.1	4		4												8
First/Mid-Level Officials and Managers	1.2									1						1
Professionals	2	1		1				Ĭ.		1						4
Technicians	3			3					1							4
Sales Workers	4															0
Administrative Support Workers	5			2						2						4
Craft Workers	6			1												1
Operatives	7	1		1												2
Laborers and Helpers	8															0
Service Workers	9															0
TOTAL	10	6	0	12	0	0	0	1	1	4	0	0	0	0	0	24
PREVIOUS VEAR TOTAL	11															_

SECTION III - Part-Time Em	ploye	es.															
			Number of Employees (Report employees in only one category)														
Job	Race/Ethnicity																
Categories		Hispanic or Latino		Not-Hispanic or Latino													
				Male							Female						
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	A - N	
		Α	В	С	D	E	F	G	H	3	J	К	L	М	N	0	
Executive/Senior Level Officials and Managers	1.1						1.									0	
First/Mid-Level Officials and Managers	1.2															0	
Professionals	2									1						1	
Technicians	3															0	
Sales Workers	4															0	
Administrative Support Workers	5															0	
Craft Workers	6															0	
Operatives	7															0	
Laborers and Helpers	8															0	
Service Workers	9		1													1	
TOTAL	10	0	1	0	0	0	0	0	0	1	0	0	0	0	0	2	
PREVIOUS YEAR TOTAL	11															0	
SECTION IV - Report of Disc	rimin	ation Compl	aints Pursua	nt to 47 CFF	22.321, 23.5	5, 90.168, 101	1.4, and 101.	311.			**					''	
This is to advise the Commission that no complaints regarding violations of the equal employment provisions of Federal, state, territorial, or local statutes have been filed against this company before any body having competent jurisdiction in such matters during the calendar year covered by this report. This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employment opportunity statute have been filed against this company. (Attach a list indicating parties involved, date filed, courts or agencies before which the matter has been heard, file number or other designation, and current status or disposition.																	
SECTION V - Certification										and the second s							
I certify that to the best of my knowledge, information, and belief, all statements in this report are true and correct.																	
Date		yped or Printed Name of Person Signing Signature Telephone No.															
03/13/2019	Lo	rri Witk	owski		Jossi Welkniski) (435) 837-6127												
Title of Person Signing Human Resources	itle of Person Signing WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOID ILLEMSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503).										VOCATION						